



DHHS WAIVER ADVISORY COMMITTEE **MEETING MINUTES**

Date: July 24, 2012 **Time:** 1:00 pm – 3:00 pm **Location:** McKimmon Center, Raleigh, NC

MEETING CALLED BY			Deby Dihoff, Acting Chairman		
TYPE OF MEETING			DHHS Waiver Advisory Committee (DWAC)		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Peggy Terhune	Monarch	<input checked="" type="checkbox"/>	Ken Marsh	DMHDDSAS – LME Team	<input checked="" type="checkbox"/>
Margaret Stargell	Coastal Horizons Center, Inc.	<input checked="" type="checkbox"/>	Kathy Nichols	DMA Waiver Pgms Mgr	<input checked="" type="checkbox"/>
Jack Naftel, MD	NC Physicians Association	<input checked="" type="checkbox"/>	Kelly Crosbie	DMA Beh. Health Sect. Chief	<input checked="" type="checkbox"/>
Rosemary Weaver	State CFAC	<input checked="" type="checkbox"/>			
Carol Messina	State CFAC	<input checked="" type="checkbox"/>			
Susan Monroe	Local CFAC	<input checked="" type="checkbox"/>			
Marc Jacques	Local CFAC	<input checked="" type="checkbox"/>			
Deby Dihoff	NAMI	<input checked="" type="checkbox"/>			
Ellen Perry	IDD Advocate	<input checked="" type="checkbox"/>			
Tony Sowards	SA Advocate	<input checked="" type="checkbox"/>			
Cherene Allen-Caraco	Mecklenburg's Promise	<input checked="" type="checkbox"/>	GUEST		
Lois Cavanagh-Daley	NC CANSO	<input type="checkbox"/>	NAME	AFFILIATION	PRESENT
Arthur C. Wilson	Transylvania Co.	<input checked="" type="checkbox"/>	John Agosta, Ph.D.	HSRI	<input checked="" type="checkbox"/>
William Smith III	Wayne Co.	<input type="checkbox"/>	Jon Fortune	HSRI	<input checked="" type="checkbox"/>
Brian Ingraham	Smoky Mtn. LME	Call-in	Lilia Teninty	HSRI	<input checked="" type="checkbox"/>
Ken Jones	Eastpointe LME	<input checked="" type="checkbox"/>	Glenda Stokes	DMH CSCR Team Leader	<input checked="" type="checkbox"/>
Beth Melcher	DHHS Deputy Secretary	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mike Watson	DMA Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Tara Larson	DMA, COO	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Jim Jarrard	DMH/DD/SAS Acting. Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U. Nenna Lekwauwa	DMHDDSAS Medical Director	<input checked="" type="checkbox"/>			

1. Agenda topic: Welcome and Approval of Minutes/Chair Housekeeping Items **Presenter(s):** Deby Dihoff

Discussion	<ul style="list-style-type: none"> • Correction to June minutes, Tony Sowards name was omitted from attendance – corrected in final prior to posting. No other changes noted, minutes approved. • Brian Ingraham attending the meeting by phone • Moment of Silence and comments from members in tribute to Steve Jordan. <ul style="list-style-type: none"> ○ I was able to go to the funeral and I saw so many of you there and I have never attended a funeral where it's made me think so much about a life so well lived as Steve Jordan's life and how balanced and wonderful a person he was and just my own reflection is that he was the person to pull us together and I just hope there's something of a legacy we can continue to try to pull in the same direction because we all want strong mental health services in NC. ○ I think Steve had things in perspective, he was a fun guy and we needed that generally at this time, some need to laugh and he had a good understanding of the system and really a supporter of the people that we serve. We will miss him. • Care Coordination to be addressed at next meeting • Subcommittee Update <ul style="list-style-type: none"> ○ A lot of interest in Care Coordination – on agenda for next meeting. ○ Added HRSI to the agenda, important to have them on the agenda this month to present on support needs matrix and resource allocation agenda. ○ Expressed value and appreciation for the Public Comments section of the meeting to the public in attendance. Request to move Public Comments section to another time on the agenda to be considered at a later date. ○ DWAC committee to respond to comments or questions by identifying trends, repetitions, such as: care coordination, grievances/complaints, billing, and
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	<p>communications of LME-MCO lesson learned issues. Still pulling together recommendations and plan to put in writing and submitting to DWAC.</p> <ul style="list-style-type: none"> • Western Highlands <ul style="list-style-type: none"> ◦ In process of reviewing and issuing final report. Looking at financial review, have preliminary results and have shared with WHN. Will give full report at next month's meeting. • Changes to DHHS organizational leadership <ul style="list-style-type: none"> ◦ Mike Watson – Acting Director, DMA ◦ Beth Melcher – Deputy Director of Health Services as well as former responsibilities ◦ Jim Jarrard – Acting Director of DMH following loss of Steve Jordan ◦ Lucky Welch – Director of Cherry Hospital (will continue role of interim DSOHF Director during transition) • Change to agenda – Add committee rotation schedule to next month's agenda • It was requested of the committee that questions of the presenters should be held and addressed following the presentations. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
N/A			

2. Agenda topic: Establishing a Resource Allocation Model for Service Recipients with Intellectual and/or Development Disabilities

**Presenter(s): John Agosta, HSRI
Jon Fortune
Lilia Teninty**

Discussion	<ul style="list-style-type: none"> • Kelly Crosbie introduced members from HSRI. Introduction to the SIS use across the state for 1915 innovations waivers and allocations model for resources on that waiver. Working in partnership with DHHS, consumers, CFAC (state and local), DWAC, providers and advocacy groups in order to make this successful. • Challenges Faced by Policy Makers <ul style="list-style-type: none"> ◦ Budget stress ◦ Accelerating service demand – (more people looking for services, baby boomers, people living longer, etc.) ◦ Reliance on legacy and inefficient systems – (decisions made in past created system we now have) ◦ Workforce shortages – (don't have number of workers who meet the needs) ◦ Continued push for community integration, participation in communities. ◦ Innovations Waiver specifies the use of resource allocation system based on SIS for delivery of home and community based services for people with IDD. • Developing Assessment Informed Resource Allocation Frameworks <ul style="list-style-type: none"> ◦ Resource Allocation – <ul style="list-style-type: none"> ▪ Way policy makers can make disciplined fiscal choices, fair, and best use of money in ways consistent with core principles about what we want to have happen to people. ▪ Resources allocated to individuals based on assessed level of need ▪ Result is "best fit" solution. Care must be taken to accommodate individuals with extraordinary needs. ▪ Results in a person-centered and sustainable system ▪ Success requires – good information on those served and their need for support, understanding of what services cost and good way to track spending. This requires policy makers to settle on types of services that should be offered, what they are willing to pay for these services and what outcomes are expected. ▪ Innovations Waiver modeled after the Medicaid 1915 (b) (c) waiver at PBH. Requires Supports Intensity Scale (SIS) to develop framework. ▪ SIS measures level of support needs for individual to live a meaningful life in the community. (Includes home activities, community activities, health and safety, medical and behavioral challenges. ▪ SIS completed during meeting with person and others who know the person
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	<p>well.</p> <ul style="list-style-type: none"> ▪ Trained SIS interviewers (AAIDD certified) to conduct interviews. Conducting training and certifying local interviewers at each LME/MCO. Also effort taken to check reliability and accuracy of these interviewers over time. Independent third parties. Unsure if this is being done on Behavioral Health side. Assessments include every day supports (help with preparing meals, Dr. appointments, extra supports for medical conditions, and behaviors that entail greater levels of support). Information is entered into database and level of need scores generated. Budgets created for individuals based on SIS data to cover base budget as well as add-on services: <ul style="list-style-type: none"> • Base budgets include Community Networking Services, Supported Employment, Day Supports, In-Home Skill Building, In-Home Intensive Supports, Personal Care, Residential Supports, Respite • Add-On Services include Assistive Technology Equipment/Supplies, Community Guide Services, Community Transition Services, Crisis Services, Financial Support, etc. • Expected Outcomes – 1) New framework will provide a way to allocate resources that will make system fairer, more efficient and sustainable; 2) Individuals will receive the services they need to achieve the goals targeted in their support plan, including goals to support community integration and self-direction. • Individualized budgets for services designed so that low need = lower amount and higher need = higher amount. • Information derived from SIS also used in the plan, helps determine how much is needed. <ul style="list-style-type: none"> • Are parents/guardians part of planning process? How do Medicaid eligibility deductibles impact as part of SIS? • Spend downs/deductibles associated with any kind of medicaid – eligibility, not service eligibility. Institutional bias – process separate, this process has nothing to do with determining Medicaid eligibility or factoring in those kinds of activities. So this is just about the services related to IDD and those individuals on Innovations waiver or the wait list. • How can we help folks make transaction, less anxiety, get better understanding of SIS. • Folks can't stay in spot where paying for services as in past – find ways to provide services needed more efficiently. • The number of individuals at home with families is increasing; need to find ways to support them in their homes. If you agree to change process that moves too slowly, it doesn't work. If you move too fast, you get a lot of resistance. • Would it be more equitable if ICF-MR Institution facilities were included? This would need to be evaluated and considered. • NC kids interviewed by AAIDD, and will norm in the future as part of the sample. • SIS snapshot of where personal needs are now. Concern about movement and outcome. Folks with IDD limited in opportunities don't blossom. How do we look at finding money for movement in people's lives? Levels of need don't change dramatically month to month. Unlikely level of need would change unless there is a change in someone's life (stroke, etc.) offer level of support needed, would trigger change in plan. 				
Conclusions	Presentation to be posted DMH/DMA - DWAC website				
Action Items					
□ DDTI will present on the SIS at the August DWAC meeting.	<table border="1"> <thead> <tr> <th data-bbox="1049 1640 1385 1671">Person(s) Responsible</th><th data-bbox="1385 1640 1539 1671">Deadline</th></tr> </thead> <tbody> <tr> <td data-bbox="1049 1671 1385 1682">DDTI staff</td><td data-bbox="1385 1671 1539 1682">8/28/2011</td></tr> </tbody> </table>	Person(s) Responsible	Deadline	DDTI staff	8/28/2011
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DDTI staff	8/28/2011				

3. Agenda topic: Grievance Process

Presenter(s): Glenda Stokes

Discussion	<ul style="list-style-type: none"> • Complaints defined as expression of dissatisfaction about any matter other than “action” (denial, reduction, suspension or termination of service). <ul style="list-style-type: none"> ○ Try to resolve complaints at local level if possible, State level if necessary. ○ Regardless of issue, all are taken seriously ○ Customer Services Center available to all NC Consumers
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	<ul style="list-style-type: none"> ○ Care Line is no longer available ○ Sometimes complaints can't be resolved to a caller's satisfaction due to the rules. ○ Rules concerning complaints (10A NCAC 27G.7002) outlines requirements for handling complaints. Rules, including timeframes, posted to DMH - DWAC web site. ○ Incoming calls categorized as 1) concerns, 2) complaints (if needs further investigation) and 3) grievances. ○ Joint training being provided to LMEs to ensure complaints being handled the same way. ○ DMA collects and monitors data from LME/MCOs on complaints, appeals and due process. ○ Contracts outline fact that complaint data has to be done. DMA training centered on the rules. ○ Difficulty expressed in trying to fill out complaint forms. Complaints can be submitted in a number of ways - in writing, by phone, anonymously. ○ Concerns expressed that complaints not being addressed by LMEs. Educating the consumers to process and rule would be beneficial. ○ Discussion about how State manages complaints which come to DWAC as part of public comment and are they tracked by the State. Glenda to take back to discuss. 		
Conclusions	<ul style="list-style-type: none"> • Noted that waiver environment presents opportunity for quality improvement. 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • DMA Attorney to present at future DWAC meeting on Grievance process • DWAC State Staff to provide public comments from past meeting minutes to Glenda Stokes for review and follow-up as necessary for tracking complaints. 		Kelly Crosbie Assigned DWAC State Staff	Date Unk. 8/28/11

4. Agenda topic: August Meeting Agenda

Presenter:

Discussion	<ul style="list-style-type: none"> ○ Care Coordination Transition ○ Supports Intensity Scale (SIS) by DDTI staff ○ LME-MCO Quarterly Dashboard Report by DMA/DMH/DD/SAS Staff ○ Update on WHN ○ Committee Rotation ○ Public Comments – to be deferred to Chairman and staff 		
Conclusions	Work with DWAC Chair and Committee on Agenda for next month		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Develop agenda for next month 		Assigned DWAC State Staff	8/28/11

4. Agenda topic: Public Comments

Presenter:

Discussion	<ul style="list-style-type: none"> • Mary K. Short & Katie <ul style="list-style-type: none"> ○ Expressed dissatisfaction of going from a fairly predictable system and transitioning to MCO ○ WHN implemented 40 hour policy on parents at initial transition, Smoky waiting until annual. ○ Filed formal complaint on Smoky (hadn't posted fee schedule), felt fee schedules should be posted prior to going live, not after. • Paula Cox-Fishman <ul style="list-style-type: none"> ○ Emphasized that families, guardians need to be involved. Not all individuals are high functioning. Feels presentations are geared more for the higher functioning individuals. Health reform act guarantees they get to be in least restrictive setting. 		
Conclusions	<ul style="list-style-type: none"> • Comments and concerns from DWAC to be reviewed by committee and forwarded to Customer Service for any necessary follow up. 		
Action Items		Person(s) Responsible	Deadline
N/A			

Meeting Adjourned

Next Meeting: Tuesday, August 28, 2012, 1:00 p.m. – 3:00 p.m.